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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/941,763	08/30/2001	Shuba Swaminathan	M4065.0459/P459	7372
24998	7590	07/20/2005	EXAMINER	
DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP			CHOI, WOO H	
2101 L Street, NW			ART UNIT	
Washington, DC 20037			PAPER NUMBER	
			2186	

DATE MAILED: 07/20/2005

Please find below and/or attached an Office communication concerning this application or proceeding.



Serial No. : 09941763  
Applicant : Shuba Swaminathan  
Filing Date : August 30, 2001  
Date Mailed : July 19, 2005

## ACKNOWLEDGEMENT OF REQUEST

### *Notice of Allowance/Allowability Mailed*

The request for a corrected notice of allowance/allowability, dated December 22, 2004 , has been received by the U.S. Patent and Trademark Office. A corrected notice of allowance/allowability will not be mailed, but the Office has verified the following information, and made any necessary corrections to Office computer data:

- The error in the title has been corrected as shown on the attached Bibliographic Data Sheet.

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Bib Data Sheet

CONFIRMATION NO. 7372

<b>SERIAL NUMBER</b> 09/941,763	<b>FILING OR 371(c) DATE</b> 08/30/2001 <b>RULE</b>	<b>CLASS</b> 711	<b>GROUP ART UNIT</b> 2186	<b>ATTORNEY DOCKET NO.</b> M4065.0459/P459	
<b>APPLICANTS</b> Shuba Swaminathan, San Jose, CA; <b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 09/29/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 96	<b>INDEPENDENT CLAIMS</b> 10
<b>ADDRESS</b> 24998					
<b>TITLE</b> METHOD AND APPARATUS FOR REFRESHING MEMORY TO PRESERVE DATA INTEGRITY					
<b>FILING FEE RECEIVED</b> 3880	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		